



# Why do China-educated nurses emigrate? A qualitative exploration



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## ABSTRACT

**Background:** Despite the fact that there are more and more Chinese nurses living and working in Australia, relatively little is known about the decisions to emigrate made by these nurses.

**Objectives:** To explore factors influencing China-educated nurses to emigrate to Australia. **Design:** This was a secondary analysis of 46 semi-structured interviews with 28 China-educated nurses working in Australia. Conventional content analysis was used, and the results are presented thematically.

**Results:** The nurses emigrated for a wide variety of reasons: (a) personal factors (to improve English, to see more of the world and cultures, to seek novelty and adventure); (b) work-related factors (better work environment and more career choices); (c) social factors (better living environment and lifestyle); (d) cultural factors (positive perceptions in China of those who emigrate or have overseas experiences), and (e) economic factors (higher salaries and greater purchasing power).

**Conclusions:** Confirming findings from similar studies, China-educated nurses' decisions to migrate are complex and not based solely on economic expectations. Personal and cultural factors play vital roles in nurses' migration decisions.

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## What is already known about the topic?

- A chronic nurse shortage in developed countries has produced a growth in demand for nurses from developing countries.
- China is an emergent supplier of migrant nurses because of its very large supply of registered nurses.
- The push–pull theory is widely used to explain migration motivation.

## What this paper adds

- China-educated nurses' decisions to emigrate are multi-factorial and not based solely on economic expectations.
- The push–pull theory is inadequate to fully explain the factors that influence migratory moves of this group of nurses.
- Personal and the deeply embedded positive culture of migration in China also contribute to nurses' decisions to migrate and work elsewhere.

With developments in transportation, communication, and information technology, international migration has become much easier and the number of migrants has increased dramatically (Arends-Kuenning, 2006; Stankiewicz and O'Connor, 2014). Nurse migration is part of this

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phenomenon (Brush, 2008; Dywili et al., 2013). One key driver of international nurse migration is chronic nurse shortages in high income countries (Dall, 2007; Nelson, 2004; Stankiewicz and O'Connor, 2014). For instance, Australia is expected to have a shortage of 109,000 nurses by 2025 (Health Workforce Australia, 2012). To address this problem, both public and private health care sectors have turned to overseas recruitment of nurses (Hawthorne, 2001; Negin et al., 2013). In 2011, among 239,294 midwifery and nursing professionals in Australia, 81,383 (33.2%) were born overseas (Negin et al., 2013). Indeed, statistics indicate that around 3000 registered nurses and midwives entered the Australian workforce on 457 work visas (a subclass of visa through which employers sponsor temporary skilled workers to work in Australia) in the 2012–2013 financial years (The Sydney Morning Herald, 2015).

The primary sources for nurse migration are low and middle income countries such as the Philippines and India (Brush and Sochalski, 2007; Buchan and Sochalski, 2004; Negin et al., 2013). However, with the increasing global demand for nurses, commercial and government recruiters are also interested in recruiting nurses from China (Fang, 2007; Lin, 2013; Lintern, 2013). Although nurse workloads and the nurse-population ratio indicate that China has a nurse shortage, there are also high nurse unemployment and underemployment (Fang, 2007; Hu et al., 2010; Zhu, 2012). Due to the financial incentive structure of Chinese hospitals, many hospital managers in China failed to recognize the importance of nurses to the safety and quality of patient care and to employ an adequate number of nurses (Zhu et al., 2014). Usually, less qualified carers and private hired helpers for patients are used to supplement the small nursing staff at lower cost to the hospital (Hu et al., 2010). Currently, the Chinese Nursing Association overwhelmingly supports Chinese nurses in working abroad (Fang, 2007; Zhu, 2012), in the hope that a national nurse shortage and negative impacts on patient outcomes will trigger Chinese healthcare reform and improve the welfare of Chinese nurses (Hu et al., 2010). As a result, several authors who have assessed the potential for nurse emigration from China have concluded that China will become an increasingly important supplier of nurses in the future (Hu et al., 2010; Fang, 2007; Xu, 2010; Xu and Zhang, 2005).

To work in Australia as a nurse, Chinese nurses must be registered with the Nursing and Midwifery Board of Australia and meet the Board's registration standards. They might also need to complete a skill assessment from the Australian Nursing and Midwifery Council and pass the Occupational English Test (OET) or the International English Language Testing System (IELTS) (Kingma, 2006; Stankiewicz and O'Connor, 2014). Since English is a second language in China, most Chinese nurses need a substantial period of time to improve their English and/or secure professional registration (Lynch et al., 2012). As a result, very few Chinese nurses have come to Australia as an RN. Many have come on student visas arranged by private migrant agencies (Zhou, 2010; Fang, 2007). Because these operations are "for profit", the nurses are usually required to pay a significant amount of money to the agency in

exchange for the visa. The agency might also give Chinese nurses unrealistically high expectations regarding work life in Australia. After meeting the registration requirement, Chinese nurses are recruited by Australian health care institutions and can apply for a work visa in Australia.

Although much has been written about the experiences of migrant nurses in recipient countries, including nurses from China (Zhou, 2010, 2014; Zhou et al., 2010, 2011; Xu et al., 2008), relatively little is known about the reasons nurses choose to migrate (Dywili et al., 2013), particularly nurses from emerging source countries. Further, migrant nurses are not a homogeneous group (Alonso-Garbayo and Maben, 2009; Larsen et al., 2005); nurses from different countries have different expectations and therefore their motivations vary (Alonso-Garbayo and Maben, 2009). For example, Aboderin (2007) found that economic gain was the primary motives for Nigerian nurses to migrate, and deteriorating work and status situations at home were added incentives. The main reasons for Lebanese nurses to migrate included shift work, heavy workloads, lack of autonomy in decision-making and lack of a supportive environment (El-Jardali et al., 2008). While nurses from Canada have left for the USA in search of opportunities for full-time work and ongoing education (McGillis Hall et al., 2009), Indian and Filipino nurses have migrated in response to economic, professional, social, and cultural factors (Alonso-Garbayo and Maben, 2009; Ronquillo et al., 2011; Thomas, 2006). All together, Larsen et al. (2005) have divided the motives of migrant nurses into a "life change strategy" and a "working holiday strategy".

Studies have shown that domestic colleagues and patients do not always understand migrant nurses' motivations for choosing to work in another country (Zhou, 2010; Larsen et al., 2005). They often believe those motivations are solely economic—that is, the nurses migrate in search of higher wages (Aboderin, 2007; Zhou, 2010). Despite the fact that more and more Chinese nurses are living and working in Australia (no exact figure is available) (Zhou, 2010; Fang, 2007), the reasons why they leave to work in Australia are poorly understood and the question has received virtually no attention as a research or policy issue. Understanding the reasons that nurses leave China is important for policy makers and senior nurse managers in China, because this could help them address local factors that are motivating nurses to leave. Even those nurses who stay in China may become more satisfied if the situation is understood and problems such as inadequate work or social environments are corrected. Ignoring those motivating factors may result in a continued loss of more highly educated Chinese nurses and a loss of economic investment (time and money to train nurses) in China resulting in further deterioration of the quality of care in the Chinese health care system (Hu et al., 2010; Xu and Zhang, 2005).

For the recipient countries nurse migration has been a "quick fix" for nurse shortages as these countries gain well educated and experienced nurses at a relatively low cost (Zhou, 2010; Kline, 2003). Given the global competition for skilled migrant nurses, it is important for nursing administrators in recipient countries to understand migrant

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